CAREdesign NEW YORK

PHP PARTNERS HEALTH PLAN

Provider Webinar

Medicaid Eligibility & Maintaining Benefits for the Intellectually and Developmentally Disabled in New York State

April 25, 2024

Agenda

- Public Health Emergency (PHE) Unwinding
- Changes to Medicaid
- Recertification Requirements
- Be on the Lookout
- Resolving Issues
- Fair Hearings

PHE Unwinding

- Three years of relief from Medicaid recertifications has ended.
- Other Medicaid-related processes suspended during the PHE (Medicare requirement, reporting TPHI) have returned
- Changes continue as NYS tries to re-establish and increase access to Medicaid
- Important to be aware of what should be happening so you will know when it's not – situation today is not what it was before
- After losing many workers during the PHE, some Medicaid offices (HRA offices for example) had difficulty getting enough staff for the offices to resume regular operations and those that they were able to onboard needed training – this can still be a factor today with newer staff

PHE Unwinding

Per CMS, NYS was among the top 5 states in helping to maintain coverage for people during the PHE

Many people began having to recertify for Medicaid starting in June 2023 (for July 1 coverage)

By June 2024, all “cohorts” (groups of people with the same Medicaid end dates) will have had Medicaid eligibility redetermined

- Some through regular recertification/renewal process
- Some through continuing auto-renewal process if they meet certain criteria

NYS continues to leverage 10 waivers granted by CMS, allowing some flexibilities in how the state gets back to “normal” operations, including auto renewals for some situations

PHE Unwinding

DSS/HRA automatically renewing Medicaid cases for CERTAIN recipients:

SNAP recipients who receive notice that MCD will be extended unchanged (started late June 2023 for September 2023 expirations)

People without SNAP but who are coded as aged/blind/disabled (SSI-related) who have net pension or SSDI payments less than 138% FPL

People who have SSI with open-ended Medicaid coverage or an end-date of 12/31/9999 (just a reminder…this always applies)

Auto Renewal Exceptions

Some Medicaid cases not automatically renewed

- People with spenddowns
- People in MBI-WPD
- People who do not meet the criteria in the previous slide
- MAGI cases (coverage through the Exchange)

Recerts must be completed for anyone that does not meet the criteria for auto renewals

- May be difficult to determine whether a case should be auto-renewed
- Complete any recerts received to be safe
- If recert is received, it is important to act timely

2024 Changes to Medicaid

Increases to **income and resource** limits

- Income limit: $1,732/month
- Resource limit: $31,175, OR
- SSI recipient/DAC resource limit: $2,000 (yes, still!)

Many **spenddowns have been eliminated** since the significant increases to the income limit that started in 2023

Renewed focus by DSS/HRA **on individuals applying for all other benefits (SSI/SSDI,** for example) as a condition of Medicaid eligibility

Access HRA allows **online submission** of Medicaid applications

- Person can authorize someone else to be able to see their submission

DSS/HRA to NYSoH Transfers

Efforts underway in NYS to move more populations to NYSoH rather than DSS/HRA for Medicaid coverage

- ☑ MAGI eligible people (qualify based on gross income with no resource test)
- ☑ Medicare recipients

Know who should be moved and monitor coverage

- SSI-related (aged/blind/disabled) remain with DSS/HRA
- Children under 18 remain with DSS/HRA
- Anyone who needs special budgeting (DAC, Excess Income – Spenddowns, Pickle, etc.) stay with DSS/HRA

If you see that a case is transferred to NYSoH but should not be, it can be transferred back using the process outlined in the OPWDD Benefit Development Resource Toolkit: Benefit Development Resource Toolkit: Medicaid | Office for People With Developmental Disabilities (ny.gov)

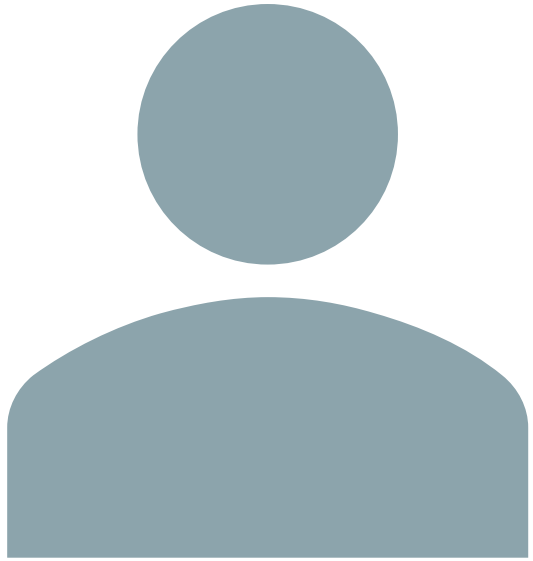
If a case is transferred to NYSoH but gets closed when it gets there, person will get a notice letting them know. Follow up with NYSoH/DSS/HRA to resolve. File FH if needed (with aid continuing)

Medicaid Buy-In for Working People with Disabilities (MBI-WPD)

- Medicaid eligibility for people who are working and have countable income greater than the Medicaid income limit (138% FPL) but less than 250% FPL
- Age 16-64
- Allows Medicaid coverage to help people start working or increase their work efforts while maintaining the benefit
- Must document (pay stubs/statements) work/income for 4 weeks at application, and request coverage under MBI-WPD
- Must request a grace period (up to 6 months in a rolling one-year period) from DSS/HRA if unable to work due to:
  - Medical reasons (must have documentation from physician)
  - Loss of job due to no fault of their own
    - Layoff due to lack of work
    - Termination due to behaviors that are related to the person's disability

Disabled Adult Child (DAC)

- May be able to avoid a spenddown
- Person must
  - Have been in receipt of SSI and lost eligibility due to initial receipt of or increase (not due to COLA) of SSDI benefit on a parent's work record
  - Be otherwise eligible for SSI (resources under $2,000)
- Can document eligibility for DAC budgeting with notice from SSA about SSI eligibility being terminated and the award letter from SSA about SSDI benefit eligibility starting
  - If verification is needed, can ask SSA for Benefit Summary – it shows history of benefits received by the person
- Can lose eligibility for DAC budgeting due to resources, but can be re-budgeted as DAC when resources are below limit again



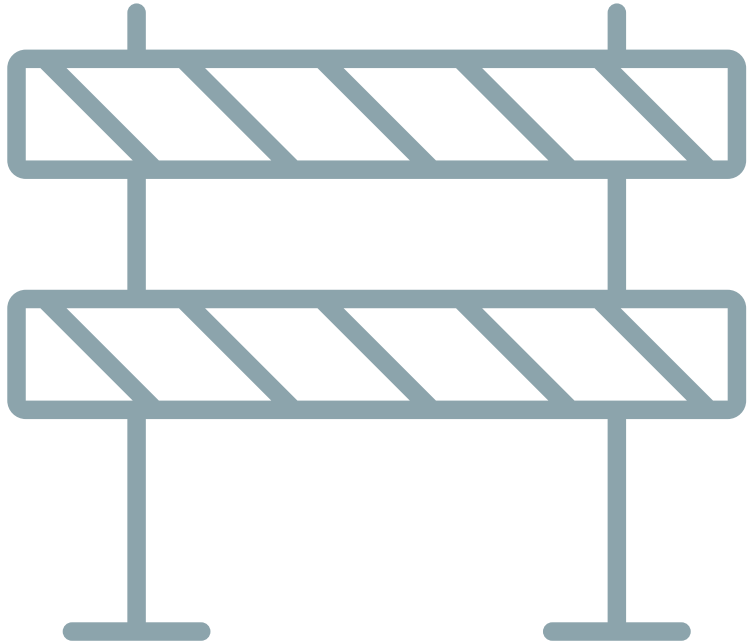
Meeting a Spenddown

NOTE – CCO services cannot be used to meet a spenddown (not allowable by Medicaid)

- Payment (or incurred expenses) for a number of services/supplies can be used to meet a spenddown requirement
- If already paid by the person (not someone else) OR if invoice received but not yet paid ("incurred expenses"), the amount for the following can be used (credited) toward the spenddown
  - Physicians, dental and clinic visits, eye exams, lab tests and prescriptions/OTC drugs ordered by doctor
  - Therapists, nurses, chiropractics, personal care and home care aides as ordered by doctor
  - Durable medical equipment (DME) like medical/surgical supplies/ equipment, hearing aids, eyeglasses and prosthetics ordered by doctor
- Expenses that do not qualify for meeting a spenddown include
  - Bills paid by Medicare or other TPHI, or bills paid by someone other than the person
  - Bills used for a prior spenddown period

Barriers to Medicaid

- Failure to recertify/incomplete information or documentation
- Auto renewal (if applicable) not completed by DSS/HRA
- Spenddown not paid
- Wrong coverage given
- Retroactive coverage not given
- Reluctance to apply for Medicaid
- Misunderstanding of importance of Medicaid coverage
- Immigration-related barriers



Best Practices

- Know when recertification is due and act timely
- Always ensure address on record with Medicaid is correct
- Report all changes that could potentially affect eligibility timely
- Pay attention to ALL notices and correspondence from Medicaid
- Find ways of helping person meet spenddown/keep resources under the limits – request rebudgeting if needed; assist with DAC budgeting if needed

- Check coverage on Medicaid notice when Medicaid opens or is recertified – if wrong coverage is given (very common), follow up right away
- Ensure coverage for 3 months prior to Medicaid application date is given if needed and appropriate – if not, follow up right away
- Discuss openly with Care Manager and other service providers so when there is an issue, everyone can work together to address
- If you disagree with an action taken on a Medicaid case, file a FH promptly \
(more on this later)

Be on the Lookout for…

Recertification packets

- Due back to DSS one month prior to expiration
- Due back to HRA two months prior to expiration
- Make sure to check the due date and submit timely
- If one is not received but you think it should have been, contact Medicaid district
- If one is received but should be auto-renewed
  - complete the recertification anyway
  - include cover letter stating the person belongs in one of the categories for auto-renewal
  - include any relevant documentation

NYSoH cases – not auto renewed!

DSS/HRA cases being transferred to NYSoH and inadvertently closed upon receipt by NYSoH…reach out right away if this happens!

Medicaid Coverage Codes

Full Coverage (01)

- Pays for all Medicaid covered services/supplies
- Must document resources for last 5 years

Community Coverage with Community-Based Long-Term Care (19 or 21)

- Pays for OPWDD and HCBS Waiver services
- Must document current resources at application; attest at renewal

Community Coverage without Long-Term Care (20 or 22)

- Does NOT pay for HCBS Waiver services
- Does pay for Care Management services
- Can attest to resources at application and renewal

PCP Full Coverage – Managed Care (30)

- MMC okay, but not MLTC plans like PACE, MAP, HARP
- Attest unless requesting long-term care (Waiver services)

Fair Hearings

Fair Hearing Rights

- Aid to Continue (A/C or AC)
  - Request within 10 days of notice
  - Maintains current coverage until hearing is held and decision is made
- After 10 days, can request Fair Hearing (no AC) up to 60 days after notice is received
- Always request a Fair Hearing if needed, even after 60 days or no notice received

Office of Temporary and Disability Assistance (OTDA)

- Can request online, by phone, by fax, or in Albany/NYC, can do in person
- Request Hearing | Fair Hearings | OTDA (ny.gov)

Available Resources

OPWDD's Benefit Development Resource Toolkit:
Benefit Development Resource Toolkit | Office for People With Developmental Disabilities (ny.gov)

NYS Medicaid Information:
https://www.health.ny.gov/health_care/medicaid/

Medicaid program information:
https://www.medicaid.gov/

Work incentives information:
https://www.ssa.gov

Questions?